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3763
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Express Mail No. EV335859314US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Naimark et al.	Confirmation No.:	3968
Serial No.:	09/977,758	Art Unit:	3763
Filed:	October 15, 2001	Examiner:	Kevin C. Sirmons
For:	MEDICAL DEVICE FOR DELIVERING PATCHES	Attorney Docket No:	008563-999029
		Old Docket No.:	10177-030-999

PETITION FOR EXTENSION OF TIME UNDER 37 CFR § 1.136(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAR 31 2004

Sir:

TECHNOLOGY CENTER 3700

It is respectfully requested that the time for response to the Office Action dated October 23, 2003 be extended for a period of two month(s) from January 23, 2004 to and including March 23, 2004.

The fee for this extension is estimated to be \$420.00. Please charge the required fee to Jones Day Deposit Account No. 503013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: March 24, 2004

Susie S. Cheng
Susie S. Cheng 46,616
(Reg. No.)

For: Gidon D. Stern 27,469
(Reg. No.)

JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939

Enclosure

03/29/2004 CCHAU1 00000156 503013 09977758

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Express Mail No. EV335859314US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Naimark et al.

Confirmation No.: 3968

Serial No.: 09/977,758

Art Unit: 3763

Filed: October 15, 2001

Examiner: Kevin C. Sirmons

For: MEDICAL DEVICE FOR
DELIVERING PATCHESAttorney Docket No: 008563-999029
Old Docket No. 10177-030-999FEE TRANSMITTAL SHEETCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RECEIVED**
MAR 31 2004
TECHNOLOGY CENTER 3700

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be **\$172.00**.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY	<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA	RATE	ADDIT. FEE	OR	ADDIT. FEE
TOTAL	25	MINUS	36	0	x 9	\$	x 18	\$ 0.00
INDEP.	5	MINUS	3	2	x 43	\$	x 86	\$ 172.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$		\$ 0.00
TOTAL						\$	OR	TOTAL \$ 172.00

Please charge the required fee to Jones Day Deposit Account No. 503013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: March 24, 2004


Susie S. Cheng 46,616
(Reg. No.)

For: Gidon D. Stern

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(Reg. No.)**JONES DAY**
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